## 14031243467

FEC FORM 1

## STATEMENT OF ORGANIZATION

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				Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M	15
Western North C	arolina Advo	cates for Quality	Care	
<u> </u>		<u></u>	<u> </u>	
ADDRESS (number and street)	599 Old Tol	I Road	1111	
(Check if address is changed)	Asheville		NC	28804
		СПУ	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only o	ne e-mail address)		
Charlett address	rfburgin@g	mail <sub>r</sub> com	1 1 1 1	
(Check if address is changed)	_pacservices@d	ddcadvocacy.com		
COMMITTEE'S WEB PAGE ADI	DHESS (URL)			,
(Check if address is changed)				
2. DATE 05 <sup>™</sup> 29	0° ′ 20′14			
3. FEC IDENTIFICATION N	UMBER C	Heistoria nuemen had mamon era Heistoria on responsación de la		
4. IS THIS STATEMENT	NEW (N) OF	AMENDED (A)		
I certify that I have examined the	his Statement and to the	best of my knowledge and belief	it is true, corre	ect and complete.
Type or Print Name of Treasure	Robert F. Bu	ırain		
Signature of Treasurer	24 Brown	3m²	Date $\hat{\mathcal{D}}$	5 30 2014
	•	ation may subject the person signing		
Office Use		For further Information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

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5.	TYPE	E OF C	OMMITTEE	
	Cen	didate	Committee:	
	(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compleinformation below.)	ete the candidate
	Name Cand	e of fidate		
		<b>lid<del>ale</del> / Affiliati</b>	on Office Sought: House Senate President	State x District x
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Cand	e of fidate		
	Part	ty Con	nmittee:	A SALA ASSALLABATION TO THE SALARAMATION THE SALARAMATION TO THE SALARAMATION TO THE SALARAMATION TO THE S
	(d)		· · · · · · · · · · · · · · · · · · ·	emocratic, epublican, etc.) Party.
	Poli	tical A	ction Committee (PAC):	<del></del>
	(e)	П	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	ected organization is a:
	.,	ш		Labor Organization
				_
				Cooperative
			In addition, this committee is a Lobbyist/Registrant PAC.	
	<b>(f)</b>	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segr committee. (i.e., nonconnected committee)	egated fund or party
			In addition, this commutatee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Join	t Fund	Iraising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two	or more political
	18/	ш	committees/organizations, at least one of which is an authorized committee of a faderal caudidate.	
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
		Com	mittees Participating in Joint Fundraiser	
		1.	FEC ID number C	ж
		2.		<b>X</b>
				<b>x</b>
		3.		ж
		4.	FEC ID number C	x x

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Write or Type Committee N	
	Carolina Advocates for Quality Care
6. Name of Any Connecte	ប Organization; Affiliated Committee, រប់កែវ Fundraising Representative, or Leatiership PAC Sponsor
	<u> </u>
Mailing Address	
	CITY STATE ZIP CODE
Relationship: Conne	cted Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
7. Custodian of Records: books and records.	dentify by name, address (phone number optional) add position of the person in possession of committee
יטטי	Advocacy
Full Name	
Mailing Address	174 Waterfront Street
	Suite 400
	National Harbor MD 20745
Title or Position	CITY STATE ZIP CODE
Custodian of R	ecords Telephone number 877 - 332 - 6556
8. Treasurer: List the name any designated agent (e.	and address (phone number optional) of the treasurer of the committee; and the name and address of ., assistant treasurer).
Full Name of Treasurer	ert F. Burgin
Mailing Address	599 Old Toll Road
	Asheville NC 28804 -
Title or Position	CITY STATE ZIP CODE
Treasurer	Telephone number 828 778 1979

9.

FEC Fon	n 1 (Revised 0.2/2009)		Page 4
Full Name of Designated	1		1
Agent		<del></del>	<u> </u>
Mailing Address			
	1		l <del>I-</del> I I
	CITY	STATE	ZIP CODE
Title or Position			
	Telep	phone numberi_	<u> </u>
Name of Bank,  Mailing Address	Chain Bridge Bank  1445-A Laughlin Ave		
	<b>ļMcl₊eạn</b> , , , , , , , , , , , , , , , , , , ,	<b>                                 </b>	22101,
	CITY	STATE	ZIP CODE
Name of Bank,	Depository, etc.		
Mailing Address			
		ليا ليا	<del></del>
	CITY	STATE	ZIP CODE

Mr. Robert Burgin 599 Old Toll Rd. Asheville, NC 28804

CHARLESTOW SC 2945

Jednal Election Commission 999 E. Smeet NW WASHington, D.C. 412

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## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked USPS First Class Mail Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail Postmarked USPS Priority Mail Express** Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **PREPARER** DATE PREPARED